

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/524933

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11		10				
12		11				
13		12				
14		13				
15		14				
16		15				
17	1					
18		1				
19		2				
20		3				
21		4				
22		5				
23	1					
24		1				
25		2				
26		3				
27		4				
28		5				
29		6				
30		7				
31		8				
32		9				
33	1					
34		1				
35		2				
36	1					
37		1				
38		2				
39		3				
40		4				
41		5				
42		6				
43		7				
44		8				
45		9				
46		10				
47		11				
48		12				
49		13				
50		14				
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	1					
53		1				
54		2				
55		3				
56		4				
57		5				
58		6				
59		7				
60		8				
61		9				
62		10				
63		11				
64		12				
65		13				
66		14				
67		15				
68	1					
69		1				
70		2				
71		3				
72		4				
73		5				
74		6				
75		7				
76		8				
77		9				
78		10				
79		11				
80		12				
81		13				
82		14				
83		15				
84		16				
85		17				
86	1					
87		1				
88		2				
89		3				
90		4				
91		5				
92		6				
93		7				
94		8				
95	1					
96		1				
97		2				
98		3				
99		4				
100		5				
TOTAL IND.	11	↓		↓		↓
TOTAL DEP.	96	←		←		←
TOTAL CLAIMS	107					